

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. APPLICANT(S)	FILING DATE <div style="font-size: 1.2em; font-weight: bold;">10/517259</div>
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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TOTAL IND.	↓		↓		↓		TOTAL IND.	↓
TOTAL DEP.	↓		↓		↓		TOTAL DEP.	↓
TOTAL CLAIMS			↓		↓		TOTAL CLAIMS	↓

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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